

ARD-YOUTH DEVELOPMENT BASKETBALL LEAGUE REGISTRATION



ARD-YDL Basketball Registration Auburn Recreation District Boys and Girls Grades 2-8



Sign-ups for the ARD Youth Development Basketball league will be conducted from September 3 – October 25, 2019. (Wait list after October 25-No Guarantees). League games begin in January and run through March. Cost per player is \$115 In District, \$125 for Out of District players. Late Registration \$130 Resident/\$140.00 Non-Resident. All players will be placed on a team from their school of enrollment. Player fees will include a certificate of participation and league medal (uniform not included). **Register online at www.auburnrec.com.**

Auburn Recreation District has a **NO REFUND** Policy- If you cancel registration prior to a class/program start date, you will receive full credit on account towards another ARD class, program, or activity. If you cancel after the first class, you will receive 50% credit. If you cancel after the second or subsequent class(es), no credit will be given. Credit is good for one year from the date of issue. Full refunds will be issued only if ARD cancels a program.

Initial

AGREEMENT, WAIVER, & RELEASE

In consideration for being permitted by Auburn Area Parks and Recreation District (ARD) to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me as a result of participation in said activity. This release is intended to discharge in advance ARD (its officers, employees and the Auburn Recreation District Youth Development League, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss. Liability, damage, cost, or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activity.

PARENTAL CONSENT: (To be completed and signed by parent/guardian if applicant is under 18 years of age.) I hereby consent that my son/daughter, _____, participate in the above activity and I hereby execute the above Agreement, Waiver, & Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of the death or any injury or property damage that said minor may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, & RELEASE AND FULLY UNDERSTAND IT'S CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND AUBURN AREA PARK AND RECREATION DISTRICT AND I SIGN IT OF MY FREE WILL.

Name: (print) _____

Signature: _____ Date: _____

E-mail address (required) _____ Please print legibly.

Player fee: (does not include uniform) Total payment to ARD YDL: _____ Check # _____

Sign and date this form and register at the Auburn Recreation District. 123 Recreation Drive Auburn, Ca. 95603. Make checks payable to ARD. Application must be made through ARD. If you have any questions please contact: Jerry Fisher-ARD-YDL Director (530)-863-4612.

The Loomis Union School District neither endorse nor sponsor the organization or activity represented in this document. The distribution of this material is provided as a community service.

Please fill out both sides of this form.

ARD-YOUTH DEVELOPMENT LEAGUE

PARENT VOLUNTEER TO: *COACH* *SCOREKEEPER* *TIMEKEEPER* *OTHER*
(CIRCLE ALL THAT APPLY)

COACH REQUESTED: _____

PLAYER'S NAME _____ D.O.B. _____

SCHOOL Of Enrollment _____ GENDER _____ GRADE _____ AGE _____

ADDRESS _____ CITY _____ ZIP _____

MOTHER'S NAME AND PH.# _____
Or Guardian _____ HOME _____ WORK/CELL _____

FATHER'S NAME AND PH.# _____
Or Guardian _____ HOME _____ WORK /CELL _____

Emergency Medical Information

This form should be in the possession of the coaching staff at all practices and games.

Current Medications: _____ List of Allergies: _____

Date Last Tetanus Shot: _____

Family Physician: _____ Phone #: _____

Insurance Company: _____ Policy Number: _____

Additional Contact: _____
HOME _____ WORK/CELL _____

Additional Comments: _____

Parental or Guardian Consent for Coach:

I agree that in the event that said minor requires medical treatment while under the supervision of ARD's personnel in connection with the YDL Basketball program; such supervisor may authorize treatment.

Parent/Guardian Name (print) _____

Signature _____ Date _____

E-Mail Address: _____